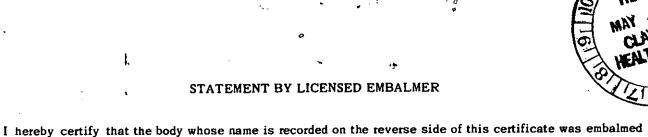
lealth, Welfare				S	THE DIVISION OF HE			<del></del>	9-0;	12691
Public Service	FI	ED MAY	1950 gistration Dis		F7 67		nary Registration District No.	1-001	_ Registrar's	<b>λ-0</b>
300	- 1 PLACE OF DEATH  o. COUNTY  CLAY						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MO. b. COUNTY CLINTON			
1-57 <b>Ö</b>		OR `'.	de corporate limits, give IBERTY, MC	_	Ponly) Inside Lim Yes No		c. CITY OR TOWN	TRIMBLE '	2.50	Inside t∕imits Yes X No □
	c. FULL NAME OF (If NOT in hospital, give location) Length of HOSPITAL OF O. O. F. HOSPITAL 11					16	d. STREET ADDRESS	(If outside, give	location)	Reside on Farm Yes No 🛣
	3.	NAME OF DECEA	SED First		Middle		Last		lonth	Day Year
		(Type or print)	NANNIE	<u> </u>	D.		BALDWIN_		RIL	21. 1959
	_	SEX FEMALE	6. COLOR OR RACE WHITE	. MARI	RIED NEVER MARRIE		8. DATE OF BIRTH NOV. 26, 187		Months De	YEAR IF UNDER 24 HRS.
					D OF BUSINESS OR		11. BIRTHPLACE (City and stat	e or country)	12. CITIZE	N OF WHAT COUNTRY?
,	during most of replains life even if retired) INI				FARM		PLATTE COUN	TY. MO.	_ U.	S. A.
	130	s. FATHER'S NAME	135. MOTHER'S MAIDE	N NA	ME	14. NAME OF HUSBA	ND OR WIFE	Bied		
		3RANV ILLE	E BRIGHTWEL	ıL.	MARTH	A	HOY	OLIVER V	. BAI	DWIN 1935
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?				16. SOCIAL SECURITY	NO.	17. INFORMANT	Addres	15	
Possi							ووسموهم	MO. R.FD		
EWRITE IF		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, If any,  DUE TO (b) She was successful to last enough.								
IBBON TYPE	Z	Conditions, which gave above caus stating the lying cause	rise to } e (a), under-	to k	beep go	i	a -	4.50	7 h	
alated. OR RIBI	FICATIC	PART II. OT	THER SIGNIFICANT COND	uo.	eveleu	but n	orelated to the terminal disease	cauau	ace	19. WAS AUTOPSY PERFORMEDY YES NO.
¥ ¥	CERTI	200. ACCIDENT	SUICIDE HOMICIDE	20b. Di	ESCRIBE HOW INJURY	occ	URRED. Enter nature of injur	YIN PART I OF PART	II of fem 18	l.)
ist be causa LY BLACK	MEDICAL	INJURY a.	our Month, Day, Year m. m.							
Part I must		20d. INJURY OCCU			NJURY (e.g., in or about , street, office bldg., et		, 20f. CITY, TOWN, OR LOC	ATION CO	UNTY	STATE
ses in		21. I attended the a		195	7 3 A =	on th	958 and last is e date stated above; and to the		, tom the co	20-58 suses stated.
All disec		220. SIGNATURE	Jours &	(Degree	or title)	0	22b. ADDRESS	enter !	No	22c. DATE SIGNED
,	230	BURIAL, CREMATION REMOVAL (Specify) BURIAL		I -	SECOND CR		<b>1</b> 7⁻⁻∶	CATION (City, 10wn, or LATTE COU		MO.
	_	FUNERAL DIRECTO		DDRESS			ATE RECD. BY LOCAL REG. (-27-59)	REGISTIBARIESIGN		ram
		·		<del></del>	(Licensed Embalmer	s Stat	ement on Reverse Side)	<u>• •                                    </u>		



## STATEMENT BY LICENSED EMBALMER

by me, or by	, Student Embalmer No.
working under my personal supervision.	
Student	Signed Wonald W. Hareks
Signature of Student Embalmer	
	Licensed Embalmer No.44.5.7.2.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.